

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-039986

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

318
1003
10067
FILED OCT 29 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Washington	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in 1b 1 month	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hosp.		d. STREET ADDRESS (If outside, give location) R 1 Blackwell, Mo.	
3. NAME OF DECEASED (Type or print) First Middle Last JACOB SILAS BELEW		4. DATE OF DEATH Month Day Year Oct. 18 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-5-1897
9. AGE (last birthday) 65		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Carpenter	
11. BIRTHPLACE (City and state or country) Herculaneum, Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Silas Green Belew		13b. MOTHER'S MAIDEN NAME Ida Buker	
14. NAME OF HUSBAND OR WIFE Pearl Belew		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Mo. Pearl Belew St. Rt. Blackwell	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of the lung</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>163x</i> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <i>6 months</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Pulmonary Insufficiency</i>		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>Sept. 1902</i> to <i>Oct. 1902</i> and last saw him alive on <i>Oct 17 1902</i> Death occurred at <i>DePaul Hospital</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>F. Petrich</i>		22b. ADDRESS St. Louis, Mo.	
22c. DATE SIGNED <i>10/19/62</i>		22d. LOCATION (City, town, or county) (State) DeSoto, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-22-1962	23c. NAME OF CEMETERY OR CREMATORY Luckey	
23d. FUNERAL DIRECTOR Mahn Funeral Home DeSoto, Mo.		23e. DATE RECD. BY LOCAL REG. OCT 22 1962	
23f. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>		23g. REGISTRAR'S SIGNATURE	

OCT 29 1962

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Samuel J. Malin

Licensed Embalmer No. _____

P. O. Address _____

*4324
Hedot mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.